

October 1, 2002

MEDICAID PROVIDERS

MONTANA MEDICAID NOTICE

This notice will specifically apply to those providers who bill claims to both Medicare Part B and Medicaid.

The Montana Medicaid provider manuals state that claims that usually cross over between Medicare Part B and Medicaid should not be billed on paper to Medicaid for 45 days after the Medicare Part B paid date. Providers continue to bill these claims on paper to Medicaid as soon as they have received the Explanation of Medicare Benefits stating that this claim has been sent electronically. This causes claims to needlessly deny as exact duplicates.

In an effort to cut down on the amount of exact duplicates processed by ACS, the following procedures will be enacted beginning November 15, 2002:

- If the ACS mailroom sees that there is a Medicare Part B paid date fewer than 45 days before the date the claim is received in the mailroom, it will be returned to the provider with a letter of explanation.

This return policy will be disregarded in the following situations:

- If the Medicare EOMB that is attached to the claim does **not** show that the claim has been forwarded on to Medicaid, the claim will be submitted for processing regardless of the Medicare Part B paid date.
- If Medicare Part B has denied the claim, ACS will also accept the claim for processing regardless of the denial date on the Medicare EOMB.

Any Medicare Part B crossover claim will be accepted for processing after the 45-day period mandated by the Department.

If you have any questions or require additional information, please call Provider Relations at:

Helena and out-of-state: (406) 442-1837
In-state toll-free: 1-800-624-3958